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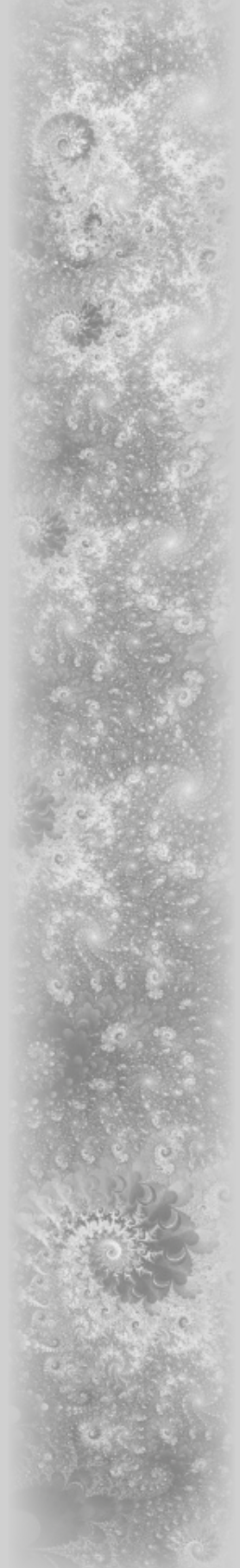
Chapter 4

Beyond dichotomies: Towards a more encompassing view of learning

Group level of learning

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Abstract

In organisations learning is generally seen as a dynamic, collective, and often conscious process that occurs by reflecting on real work experiences. In this article we discuss these assumptions about learning in the context of work by presenting a case study in the care for older people. The case illustrates that learning in and through work is predominantly an embodied and responsive phenomenon that usually occurs implicitly while acting. We argue that a learning perspective grounded in the worldview of enactivism encapsulates this pragmatic and embodied character of learning and at the same time provides a reality and language helpful in encouraging a critical attitude towards assumptions about learning in organisations.

Understanding learning from an enactive point of view carries consequences for studying and organising learning within organisations. These are outlined within this article to challenge managers' meanings of learning in health care and comparable settings and to encourage further dialogue on this issue.

Introduction

There is a tendency within management and organisation studies to see the context of work as increasingly important for professional growth and the development of practice. Consequently the literature on learning in organisations is abundant. Concepts like organisational learning (Argyris & Schön, 1978), work based learning (Manley, Titchen & Hardy, 2009; Realin, 2000), workplace learning (Billett, 1996), situated learning (Lave & Wenger, 1991), informal learning (Eraut, 2004; Marsick & Watkins, 1990) and action learning (Pedler, 1997; Revans, 1976) are described and explained. Although these concepts have different foci, there seems to be a set of assumptions about work-related learning on which they build.

First, learning does not take place through formal education or training, but is situated within an organisational context in which employees participate. It is based on natural and often unexpected opportunities in real work situations. Therefore learning from these experiences is often implicit (Reber, 1993), informal and incidental (Marsick & Watkins, 2001). Moreover, it is also socially and contextually informed, as well as dependent on individuals' emotions, intuitive or tacit understanding and personal knowledge, since these will affect one's perception and experience of the situation (Andresen, Boud & Cohen, 2001; Billett, 2006; Eraut, 2004).

Second, reflection is generally seen as important or even as a core process (Høyrup, 2004) since (tacit) knowledge emerging (implicitly) from (spontaneously gained) experiences might lead to incorrect assumptions or might be used uncritically (Eraut, 2004; Marsick & Watkins, 2001). By reflecting on experiences and integrating tacit or practical gained knowledge with other forms of knowledge, like propositional or conceptual knowledge, experiences become meaningful and what has been learned can be criticised, tested and revised (Eraut, 2004; Marsick & Watkins, 2001; Schön, 1983). As a result individuals' frameworks of knowledge alter and deeper insights into the complexity of work are gained, leading subsequently to new actions and thus new experiences. This cyclical process is called experiential learning (Kolb, 1984).

Third, learning is a social and collective process whereby knowledge is co-constructed (e.g. Billett, 2006; Dixon, 1996; Nonaka & Takeuchi, 1995; Realin, 2001; Senge, 1990). By explicating and reflecting collectively on experiences, knowledge, thoughts and assumptions, shared meanings and understandings develop in dialogue and tacit knowledge is transformed in explicit knowledge (Dixon, 1996; Nonaka & Takeuchi, 1995). This process, called externalisation (Nonaka & Takeuchi, 1995), makes knowledge transferable. It requires frequent and intensive interaction between people, for example as organised through knowledge networks such as communities of practice (Abma, 2005; Wenger, 1998).

Fourth and consequently, work-related learning requires to a greater or lesser extent the intention to learn. Although learning in and from work has implicit elements, the employee's willingness to use his or her experiences as a source of learning seems to be assumed. Drawing on learning theories such as adult learning (Knowles, 1990) and lifelong learning (Field, 2006; Harrison, Reeve, Hanson & Clarke, 2002), employees are increasingly expected to be self-directed and motivated to learn (Ellinger, 2004; Knowles, 1975; Merriam, 2001; Zimmerman, 1989). Ideally, the employee determines his or her own learning goals, develops reflexivity and uses interactions intentionally for learning and development. This suggests that learning, among other things, is a purposeful and conscious activity that can be promoted through the development of learning skills (Marsick & Watkins, 2001; Simons, Linden van der & Duffy, 2000; Zimmerman, 1989), deuterolearning (Argyris & Schön, 1978) and even by planning and organising learning (Zimmerman, 1989).

Finally, work-related learning requires appropriate pedagogy and guidance. Examples of strategies include modelling, coaching, questioning, scenario building, organising and sequencing of workplace experiences, encouraging interpersonal interactions, helping to identify learning conditions, and teaching in the use of learning strategies (Billett, 2002; Marsick & Watkins, 2001). Furthermore, it is important to understand the readiness of the workplace to afford workers the opportunity to learn and the influence of cultural and situational factors (Billett, 2002).

These assumptions, grounded in cognitivism and social constructivism, correspond to the propositions identified by Tynjälä (2008) and emphasise that work-related learning is dynamic, context-bounded and based on natural and often unexpected opportunities in real work situations. At the same time they underline the importance of intentional learning, explication, and (collective) reflection. There is little emphasis on the learning that emerges spontaneously, or 'on the spot' while acting and doing. To find a balance between on the one hand implicit, serendipitous and embedded learning and on the other hand reflection and intentional learning, a critical attitude towards such assumptions is required.

With this article we aim to contribute to the development of this critical attitude. First, we will highlight some theoretical insights that may challenge the assumptions about work-related learning and explain why we believe these insights have not yet led to a sufficient critical attitude towards prevailing assumptions. Then we will present a case, set within the context of care for older people, in order to identify and discuss prevailing assumptions of learning in organisations. The case concerns a participatory action research initiated with the intention to increase the quality of care and work-based learning as defined by Manley et al. (2009). They argue that "the everyday work of health care is the basis for learning, development, enquiry and transformation in the workplace" (p. 121), requiring,

for example, skilled facilitation, active learners who learn with and from each other in formal and informal learning situations, and supportive infrastructures. Underpinned by the assumptions described, the facilitation of the project was focused on promoting intentional learning and reflection to encourage the development of learning skills and to increase and deepen participants' professional knowledge and insights. We will exemplify how learning evolved during the action research process to reflect on the social constructive perspective and the more cognitive verbal approach of the facilitators, as well as drawing attention to the importance of embodied, implicit and serendipitous learning that seems to characterise healthcare practices in nursing homes. Further, we bring nuances to the discourse around reflection, consciousness raising and intentional learning, and suggest an enactivist worldview (Niessen, Abma, Widdershoven, van der Vleuten & Akkerman, 2008; Varela, Thompson & Rosch, 1991) to encourage a more encompassing view of learning.

Challenging assumptions

The assumptions described earlier are sometimes challenged in the literature. For example, Niessen et al. (2008) critiques the linguistic, methodological and ontological idiosyncrasies identifiable in cognitivist and constructivist worldview accounts. Others (e.g. Billett, 2006; Cunliffe, 2008; Fenwick, 2006; Hodkinson, Biesta & James, 2008; Küpers, 2008) argue that literature presents learning as primarily cognitive in nature thereby failing to explain the complexity of learning in organisations. They indicate that individual and social or cultural learning are often approached separately and advocate a more holistic, embodied or embedded view of organisational learning. Sometimes critics focus in one or two assumptions. Kayes (2002), for instance, argues that experiential learning is criticised from multiple angles and Taber, Plumb, and Jolemore (2008) show that situated learning and communities of practice are not always sufficient to explain learning that emerges from situated and responsive actions. Another point of critique is the limited attention in this body of literature for power inequalities and related issues (Fenwick, 2008; Hodkinson et al., 2008).

Despite the presence of these criticisms in the literature, we believe that the assumptions described remain dominant in the dialogue and research into work-related learning. The diverse and often independent nature of the criticisms contributes to this but so may the preference to think within the worldview that one has embraced. A worldview forms the foundation for thinking and believing; people will naturally use and search for language, knowledge and methodologies that are congruent with and thus confirm their view (Firestone, 1987; Niessen, Vermunt, Abma, Widdershoven & van der Vleuten, 2004). Existing (cognitive and

social constructivist) beliefs and assumptions are thereby strengthened, making it increasingly difficult to think outside the embraced paradigm.

We recognise this tendency in our own thinking and assume its influence on our initial identification and acceptance of the above mentioned assumptions as well. A cognitivist and social constructivist perspective on learning was emphasised in our formal educations and by people around us. The many publications underlining one or more of the assumptions described, or illustrating how to apply such principles in practice (see for instance Ellinger, 2004; Gray, 2007; Korthagen, 2005; Kuiper & Pesut, 2004; Realin, 2001; Sadler-Smith, 2008), and the still wide use of pioneering and foundational work within the organisational learning literature confirmed our thinking rather than refining or modifying a cognitivist and social constructivist worldview. For example, Senge (1990), who explains that five disciplines are necessary to achieve a learning organisation, including personal mastery and motivation for learning, team learning, and critical examination and sharing of own mental models, or Argyris and Schön (1978), who emphasise the importance of reflection and double loop learning, give no reason to question these assumptions. This combination of factors encourages, as in our case, the taken-for-granted adoption and uncritical use of these assumptions.

It remains difficult to foster a critical attitude towards one's own beliefs and assumptions, and it seems something more is required than current contributions in the literature. In our experience it was helpful to actually encounter how learning emerged and evolved within our practices, including the confrontation provided by the conflicting perspectives on learning held by ourselves and research participants. We argue that experience itself is most powerful in encouraging a critical attitude towards learning. More applied insights into *how* learning could unfold or could be encouraged in practice may complement the more theoretical and philosophical literature explaining *why* another, or a more encompassing, view of learning is helpful (e.g. Fenwick, 2006; Hodkinson et al., 2008; Küpers, 2008). In addition, concrete and practical examples of how learning occurs in demanding practice contexts and during action, like we will describe in this article, may lead to recognition. This may trigger reflection on own practices and encourage a critical attitude towards learning and theories around learning.

Methodology

Research setting

The case is set within a care setting for older people in the Netherlands, on a unit where care, education, innovation and research are combined with the overall aims of developing a challenging workplace for practitioners and to improve the

quality of care (Snoeren & Frost, 2011). Twenty-two people with psycho-geriatric problems live temporarily on the unit for observation, rehabilitation or during crisis. The members of staff responsible for the daily care are twenty vocational trained nurses and healthcare assistants and eighteen students, who are supervised by a nurse manager. Staff members vary in degrees of training, knowledge and experience. There are four ward assistants who help alternately in providing meals and doing household tasks. In addition, staff members work closely with (para)medical disciplines and one part-time activities co-ordinator, who is sometimes assisted by one of the three regular volunteers during the activities she undertakes with residents.

The practitioners had the joint ambition of improving the quality of care, starting by involving residents more in household tasks and recreational activities. To achieve this an action research project, in which practitioners were supported by two facilitators, was set up. Both facilitators have a background in nursing and education and were familiar with the care facility and research setting. One of them was employed by the care facility. She worked on the unit regularly and collaborated intensively with practitioners. For her own learning she worked closely as a novice or co-facilitator with the other, more experienced facilitator. This facilitator, the first author of this article, is a lecturer in a faculty of nursing and was seconded for two days a week to support the process as a consultant and researcher. Although her position was more distant, relationships with participants were constructive and open. Nevertheless, both participants and co-facilitator tended to look up to the facilitator as someone who was more experienced in initiating projects and doing research.

Both facilitators value equality, learning and innovation, and held the assumption that explicit and collective learning is important for growth and development. These principles influenced their facilitation strategy, which was focused on encouraging dialogue, sharing knowledge and reflecting on experiences. Prior to commencing the project the more experienced facilitator obtained permission, from the management of the care facility and project participants, to generate data during the project for use in a larger study into how and what people involved in care for older people learn. Using the project as it developed, additional data was collected at a meta level for the purposes of this research.

Study design

A participatory action research project was initiated to increase the engagement of residents in occupational and recreational activities. Action research is an emergent and cyclic inquiry process concerning practical issues and purposes. It links action and reflection, and practice and theory (Reason & Bradbury, 2001).

Practitioners participate as actively as possible in the research process, alternating and integrating research, change and learning through which knowledge increases.

To enhance participation, collaboration and learning, staff members were invited to participate in a coordinating group: the research group. Five people joined the group: two diploma-qualified practitioners (an activities co-ordinator and a nurse), one practitioner qualified to certificate level (a healthcare assistant) and two unqualified practitioners (a ward assistant and a volunteer). The research group's task was to initiate the project, to facilitate improvements on the ward and to participate in evaluating the results. They were supported by the facilitator, who facilitated the research group meetings that took place every two to four weeks, and the co-facilitator.

The first action research cycle took one year and was established using Kemmis and McTaggart's (1988) four-phase framework.

- 1 Reconnaissance. Storytelling (Abma & Widdershoven, 2005), observations and dialogue were used to analyse the problematic situation. Goals of the action cycle were discussed, set and member-checked with the team in a team meeting.
- 2 Planning. Actions for improvement were identified by using different brainstorming techniques. These actions concentrated on various aspects, such as creating a shared vision, improving communication structures and encouraging sustainability.
- 3 Action and observation. The action plan was presented in a team meeting using drama (Mienczakowski, 1995) and dialogue. Research group members operated as change agents to achieve the actions planned. In research group meetings observations and experiences of practice were shared and the action plan was fine-tuned.
- 4 Evaluation and reflection. Through individual and group interviews, observations and questionnaires data was collected from all stakeholder groups regarding eventual improvement in resident involvement in day planning and activities. Results were reflected upon with staff members. Agreements were made about continuing the project.

Action research theory explicitly posits learning within action research as a goal in itself, not just collateral to the participants' main aim - in this case the intent to improve practice. As learning had the interest of the facilitator and was the focus of a more comprehensive study, a second closely related aim within this action research was to study how and what participants learn while engaged in an action cycle. For this reason, this action research cycle can be viewed as an intrinsic case study (Stake, 2003). An intrinsic case study tries, through longitudinal involvement of the researcher in the setting, to reveal crucial aspects of the research question as seen from an insider perspective. This particular site was chosen for its learning potential (Stake, 2003) and this case represents the participation of five staff

members in the research group during the first action cycle of the wider action research project. Examining how and what practitioners have learned is the focus of this article.

Data collection and analysis

To understand how and what participants learn data additional to that mentioned in the list above was collected using multiple methods (Stake, 2003). Detailed notes and audio recordings were made of the seventeen research group meetings, and notes were taken during team meetings in which research group participants shared their work with colleagues. The facilitator kept a journal with field and reflective notes on her observations and experiences while working together with participants. These notes were helpful in reconstructing the case in chronological order.

To explore in greater depth how participants experienced learning through participating in the research group every meeting included a short evaluation in which two interview questions were asked. (1) What have you learned during this meeting? (2) What encouraged you to learn this? In addition, individual semi-structured interviews were held by the facilitator with all five participants after six months, just after the phase of action and observation had started. After finishing the research project, one year after its commencement, participants shared their experiences in a group interview. To encourage an equal contribution of all participants and to support the uncovering and sharing of experiential knowledge, photo cards were used for association and visualisation. Each participant was asked to choose photo cards reflecting their own ideas about 'meaningful activities for residents' and 'engaging residents in activities'. They were asked to choose a card representing their ideas (1) before the project started and (2) after the first action cycle was finished. Thirdly, a photo card was selected with reference to their ideas about what had caused any change in their own perspective. Participants shared their associations with the selected photos and explained how these associations related to their own experiences and ideas about the engagement of residents in daily activities, creating a dialogue on how and what was learned during the project.

The audio recorded and transcribed interviews and descriptions were analysed in collaboration with the co-facilitator and the second author independently in order to answer the research question: what and how have research group members learned through their participation in the project? By unravelling the data and putting them together again issues meaningful for the actors themselves, called emic issues (Stake, 1995), emerged from the case and patterns among these issues became meaningful.

Quality procedures and ethical considerations

To enhance the quality of the research several procedures to increase trustworthiness (Lincoln & Guba, 1985) were used. First, the prime researcher stayed within the research setting for a considerable time. Through this prolonged engagement persistent observation of the situation was possible. Furthermore, triangulation of data and method occurred, documented in a detailed audit trail and a reflexive log. Data was member checked continuously by asking participants to provide feedback on minutes and reports. Reliability of the findings was enhanced through co-analyses of the data by three researchers. Credibility of the findings was examined from both an outsider and insider perspective by asking the co-facilitator, co-authors and participants to give their comments on the story presented here (see Findings). Based on their feedback a number of small changes were made in expressions and the degree of detail. For transferability thick description was used, which provides opportunities for readers to vicariously experience the events described and be able to estimate to what extent the context, and thus the results, are applicable to their own situation. This is what Stake (2003) calls the need for naturalistic generalisation.

To establish a viable insider perspective or emic account that does justice to the participatory character of this research we also paid attention to Lincoln and Guba's (1986) authenticity criteria: fairness, ontological authenticity, educative authenticity, catalytic authenticity and tactical authenticity. Fairness points to the amount in which relevant stakeholders are intensively involved and questioned on their experiences in the research. The remaining criteria refer to an enhanced understanding of own and other's views into the research topic, the degree to which the action research facilitates new actions and the degree to which the participants feel empowered to change their behaviour. In all aspects it is fair to say that the participants in this project have shown positive changes. Although differences in roles, knowledge and expertise might have affected the trustworthiness and authenticity of the research, participants felt they were heard, indicated experiencing a sense of safety and experienced the researcher's facilitation as enabling them to grow. This was realised by the creation of open relationships and partnership, by promoting equality and by achieving space to share ideas and discuss concerns. Furthermore, facilitators shared information constantly and created ownership and reciprocity during the on-going member checks, so that these member checks acquired a broader meaning than just validating findings.

In addition to these ethical considerations typical for participatory research, participants were fully informed about the aim of the research and the interests of

the researcher and participated voluntarily in the research. Furthermore, prior permission was asked to record meetings and interviews, transcripts were anonymised, and participants were asked to treat information shared by others in meetings and the group interview as confidential.

Findings

The case is presented as a chronological narrative based on how the action research project proceeded. It consists of experiences and outcomes as expressed, often afterwards, by members of the research group.

Start-up and expectations

Members of the research group enter the first meeting enthusiastically. They talk spontaneously together about their experiences on the ward. They state that, *“doing more with residents”* is their main motivation to participate in this project. Residents often seem to be bored and passive and participants expect that residents will become happier by *“doing more”* with them. Participants share their ideas about the kinds of activities they would like to undertake with residents. Volunteer Greet wants to organise an afternoon with games and drinks, while Eline, the ward assistant, wants to arrange a Reiki session.

The facilitators temper the spontaneous responses by explaining that a thorough problem analysis helps to determine the most successful actions. The phases in an action research project are then explained and visualised to both clarify the need for a thorough analysis of the current situation and to offer participants a structure for working together on the project. Additionally, the facilitators encourage participants to consider and express precisely how and what they want to learn during the project. It appears however, that participants have other expectations of the research group and their involvement in transforming the activity patterns on the ward: *“I expected it would happen right away with the activities [for residents] and not that there would be a process that preceded it”* (Eline, ward assistant). Or as Kim (activity coordinator) puts it: *“It’s all fun setting learning goals, but you just want to start. All those other things attract me less.”*

Reconnaissance and action planning

The dynamic interaction between participants, characterised by telling stories and talking over each other, is a recurring pattern in next meetings. The facilitators influence these interactions and guide the research group towards purposeful sharing of experiences and observations in order to analyse the issue of resident participation in activities. It becomes clear that currently resident activities are

offered collectively (to groups of residents) by Kim, the activity coordinator, in a weekly programme. Participants express their hope that involving residents in activities will become a team responsibility and not just Kim's.

Dialogue within the group, as well as the input of others, seem to help participants to view the issue from a broader perspective. For instance, the nurse manager, physician and nurse Anja suggest that activities should be provided that correspond with the individual needs and interests of the resident, appropriate to the aim of the resident's admission. They give examples, like involving a resident in preparing meals to improve the resident's experienced independence. However, coming up with concrete suggestions themselves seems challenging for research group members, as Greet (volunteer) mentions: *"Yes, but individually oriented activities, thus resident focused; I totally have no idea yet."* Furthermore, some participants compare themselves to other, perhaps better educated, colleagues, saying that those others *"think faster"* and *"know more"*; feelings of insecurity follow.

Several meetings are spent brainstorming around ways to raise and maintain the awareness of colleagues about involving residents in occupational and recreational activities, how to create a shared vision and organise individual and purposeful activities for residents. According to participants this part of the process is passive and bureaucratic. Feelings of doubt, expressed at the beginning of meetings, seem to be related to differences in positions and one's own role in the process. For example, Greet (volunteer) expresses concern when the nursing process and coordination of care, topics not related to her own job position, are discussed: *"then you think, 'am I still useful [in the project], as a volunteer?' "*. Also, the impression that there are other important things to do on the unit is sometimes a reason to question participation in the research group. Motivation is decreasing: *"I do not like meetings, because I must sit and listen and think. [...] And I think it takes a very long time, it is primarily more paperwork."* (Donna, healthcare assistant). Others agree: *"I am very practice orientated [...]. Yes, I would prefer more action and it is all taking a bit long. [...] I think it is pretty tedious"* (Eline, ward assistant). Nevertheless, after sharing their concerns, participants are affected by the others' enthusiasm and engaging stories; meetings end positively and with renewed enthusiasm. Despite varying motivation, participants continue in the research group out of commitment and a feeling of responsibility to each other and the team. With the help of the facilitators, who encourage creative thinking, ask challenging questions and give concrete suggestions, the group manage at last to identify several ideas and actions for improvement for themselves and other colleagues. Even at this stage participants continue to struggle to come up with ideas: *"I'm still trying to find out what I should do. I'm finding it difficult to think up an activity"* (Donna, healthcare assistant).

Doing and acting

The research group holds a long discussion about how to inform colleagues about the content of the action plan and how to create commitment within the whole team. Anja (nurse) holds long monologues about this issue, while others have little to say. There are plenty of silences. Then Eline (ward assistant) suggests that the research group could perform a role-play for the rest of the team. At once everyone is enthusiastic. Ideas are exchanged about the content of the play and everyone talks with great animation, joking and laughter. Participants decide to play a situation in which a resident in the living room is feeling bored, but with two scenarios. The first time a participant will play a team member who acts in an old fashioned way typing a residents' progress report while ignoring the resident. The second time the participant plays the same scene in the desired manner, focusing on what the resident wants. Between these scenes a dialogue will be held with the team. Participants rehearse the play and hold a lively discussion about what they have seen and how the actor could clarify the desired situation even more. The role playing brings new energy to the group that is further enhanced when participants perform the play at a plenary team meeting. The enthusiasm inspires both the participants and other team members. *"Everybody's enthusiasm to work on this has helped too. Without enthusiasm it soon dies away. It expresses itself in dealings with residents"* (Donna, healthcare assistant). Participants become eager to take action with regard to providing activities attuned to residents: *"My motivation came back from the moment we had done the sketch. That was the doing, wasn't it? Then I thought: 'Now things are really going to happen' "* (Eline, ward assistant).

The participants start trying out the suggestions made earlier and a growing sense of solidarity seems to arise. On the ward participants talk to each other more often (informal and functional) and they ask each other for help when necessary. Kim (activity coordinator) for example asks Greet (volunteer) to help her with an activity or asks her to take something over from her. Through this and by trying things out participants seem to become more aware of what to do with residents and which role they can play in their own job to involve residents in activities. Anja (nurse) gives an example: *"During morning cares you can combine many things in the form of activities; making the bed, chatting, undertaking something intentionally between those moments. [...] It does not have to be big. Individual conversations with someone, or two people. However simple it is, what it is about, that does not really matter."* Donna mentions that just looking at others helps her to become more knowledgeable and motivated, especially when the other person differs in knowledge and expertise: *"Just keeping an eye out while I pass by. [...] For example seeing how the activity coordinator approaches people. I*

find it hard to motivate people to engage in activities. She does this so easily. Her example helps me” (Donna, healthcare assistant). Meeting challenges in the work itself, like adapting constantly to a changing resident population, and simply trying out something new in one’s own practice also contribute to becoming more knowledgeable. Greet (volunteer), for example, has noticed: “One-to-one or one-to-two contacts that is easier to oversee, even for the people themselves, than when you engage five or six people [...]. But you must have experienced it first though.”

Eline (ward assistant) explains how her new behaviour changes the situation on the ward, which in turn seems to increase a further awareness for engaging residents into meaningful activities: *“I noticed if you said something like: ‘Do you want to help?’ or ‘Do you want to set the tables?’, she [the resident] began to ask for more to do. Or, she did not ask at all, she started by herself. Then she said: ‘I might come to work here.’ [...] Because, at some point, they [residents] just come to ask if they can help: ‘Do you need help?’ And then I think: ‘oh yes, of course’.”*

These experiences are occasionally shared in the research group meetings provided that the facilitators explicitly invite participants to reflect on the progress made. When asked what they have learned participants recount vividly the activities with residents initiated by themselves or colleagues, and how residents responded to these initiatives. They occasionally talk about the difficulties they experience, for example in getting some team members involved, when the facilitators help them by asking critical questions.

Project results

In reflecting on the project’s results participants conclude that they involve (individual) residents more often in daily (household) tasks and activities, and they feel this has become a shared responsibility of the entire team. As a result, residents are more alert and seem less often to appear distressed or restless. Changes in participants’ behaviour, however, are not limited to providing meaningful activities for residents. Relationships between participants have grown and some participants feel they are more part of the team now, like Eline (ward assistant): *“With respect to my colleagues, more of a doing it together feeling. As [ward] assistant you are sometimes left out. [...] I notice that in a group like the research group, that there is more... It is different, you get to know each other in a different way. A bit more solidarity.”*

Role-changes and personal growth are also evident: *“I really am more secure, like ‘this is going to happen, because that is what we agreed upon’. I also feel as if I am a change agent. Because I participated in this process I know more than the rest, which encourages me to involve others. [...] For example, with the students, then you often have to provide guidance, or make suggestions for the student like*

‘what if we do it like this and you undertake an activity with those people?’ ” (Donna, healthcare assistant). Research group members are enthusiastic about the results; they have reached their goal.

Analysis

Reflecting on what and how participants have learned during the project, we see that they developed a broader view of engaging residents in meaningful activities and thus improved the quality of care and care practice itself. They came to know better how to motivate residents to participate, increased their sense of confidence and developed more equal partnerships as well.

These expanded understandings took time. In the beginning there were feelings of insecurity, inequality and doubt. Expressing these feelings in the group reduced concerns temporarily; the enthusiasm of others was inspiring and commitment to the team maintained motivation to participate. However, real understandings and actual coping with these issues arose by acting in daily practice. Understanding and effective coping were the result of and grew out of a compound of being experientially, cognitively and bodily engaged in repeated efforts to change practice by seeing examples, listening to others and by ‘just being there and doing it’ (trial and error). Within the practice encounter itself (involving residents in meaningful activities), participants engaged hands-on in building up their repertoire of effective responses. This in turn changed the situation on the unit, encouraging further learning and change. We can see this when one of the practitioners engaged in new activities with a resident and found that the resident became more likely to initiate similar activities. The practitioner altered the situation by acting differently, and in reaction to the resident’s response to this changed situation the practitioner’s own inner condition altered subtly at the same time. She became more open and sensitive to her own and the resident’s signals. Parallel with this hands-on coping, confidence rose: instead of taking a subordinate position, participants developed more egalitarian roles and shared ownership. Differences between participants no longer led to uncertainty, but promoted mutual learning. Also, practitioners gradually became better at finding words to express their experiences and understanding, for example when practising the play or sharing experiences in meetings with the research group.

In contrast, the facilitators’ social constructivist approach, focussed on expressing and sharing experiences and explicit and intentional learning, appears to have had less influence or impact than we expected. It even generated tension as this approach did not do justice to the participants’ collective preference for *doing* and *acting*. It appears that the norms and values of the two groups differed, regarding learning and the purpose of learning, and that the facilitators had privileged their own view.

Whereas facilitators valued learning as a process or a goal in itself (in that it promotes development and empowerment), participants had first and foremost the intention to improve practice. They appreciated contributing to and enhancing practice, in this case doing more activities with residents. All participants were highly motivated on this issue, but an intrinsic motivation for learning *as such/in itself*, generally seen as a necessity for learning (Knowles, 1990; Merriam, 2001), seemed to be absent. For instance, participants talked about *what* they could do with residents, but did not mention their own behaviour nor did they ask questions about *how* they could learn or improve their own actions concerning this matter. Consequently, learning as a goal in itself was not a process to be easily organised or actively steered towards: it was “merely” a by-product (Doornbos, Bolhuis & Simons, 2004). Moreover, participants did not develop learning skills or strategies that they could deploy consciously in the future.

The facilitators valued explicit learning and reflection. Their intention to focus on more abstract verbal knowledge and generalities however, seemed artificial and time consuming to the participants. This dampened participants’ enthusiasm during the analysis and planning phases. Although cognitive and verbal explication of insights and understandings could have contributed to the further deepening of knowledge, it seemed more likely that the interaction between resident and caregiver and being bodily present within the situation provided the baseline for learning. For example, by performing the play participants had a physical experience and *saw* and *felt* how they could react in a situation through which their understanding seemed to grow and deepen. This was also helpful in transferring these lived insights to everyday situations, resulting in a changed behaviour towards residents and an emphatic presence on the unit. Similarly, contacts with residents and seeing and experiencing how their own actions influenced and altered the situation directly was helpful. Learning seemed to be a process therefore, that is mainly mediated through bodily acting and coping with care situations. This embodied learning remained mostly accidental, unconscious and implicit as participants initially hardly gave words to experiences. Only when they were invited to share their experiences or when they experienced difficulties did they explicate their learning by telling stories. Then they examined dialogically their feelings of discomfort and searched cognitively for possibilities for dealing with the situation, for example in encouraging other staff members to undertake recreational activities with residents. Reflection, generally seen as fundamental to experiential learning (e.g. Kolb, 1984; Korthagen, 2005; Realin, 2001; Schön, 1983), appeared to have little place and to take place collectively on the basis of dialogue about concrete examples. Furthermore, reflection seemed to be less individual and in-depth than is usually suggested in literature (Kolb, 1984; Korthagen, 2005; Schön, 1983).

Discussion

On the one hand the case confirms common social constructivist assumptions on learning in organisations as presented in the introduction; learning is based on experiences gained in the particular situation, it is informal and generally incidental and it is socially formed. On the other hand, the case shared in this article does, in our view, give reason to refine and balance this view.

First, practitioners might not always fulfil the image of self-directed learners as idealised by several authors (Ellinger, 2004; Field, 2006; Harrison et al., 2002; Knowles, 1975; Merriam, 2001; Zimmerman, 1989). They might not determine their own learning goals or use interactions purposefully for their own learning. As this requires an intrinsic motivation for learning (Knowles, 1990; Merriam, 2001), the development of learning skills seems to be an aim too far reaching. In our case, this is linked to a moral inclination to do good for vulnerable and dependent others. Therefore this might be particularly at issue when practitioners are more focused on the well-being of others than on their own development, as in health care, educational and pedagogical professions.

Furthermore, learning at and through work seems less cognitive and explicit than is often suggested. Kolb (1984) argues that it is necessary to complete the whole learning cycle; in our case this is scarcely noticeable. Participants reflect little and superficially and do not integrate these insights explicitly or deliberately with existing knowledge. Yet learning, resulting in changed behaviour and more equal relationships, is evident. Participants gained new insights and built up their repertoire of effective responses and coping through engaging by chance of occurrence within the daily working process to change practice ‘to do more with residents.’ This learning or coping seems to be a continual process, often without deliberate mediation of cognition, as if through the learning and acting the situation is altered directly, through which on the part the participant him or herself is influenced again (changing one’s behaviour).

Therefore, in line with Billett (2009), Fenwick (2001), Niessen et al. (2008), and Gold, Thorpe, Woodall, and Sadler-Smith (2007), we argue that learning is an embedded and embodied process enmeshed within a web of many heterogenic elements that reciprocally influence each other, more than is outlined in most literature. Although we acknowledge the value of reflection for testing and correcting spontaneously and unconsciously gained knowing, as do for example Eraut (2004), Marsick and Watkins (2001) and Schön (1983), we argue that the importance of reflection, and the great attention paid to the concept in the literature, is overstated in relation to learning within organisations.

In our case reflection seems to happen only when there is a lack of grip on the situation. At such times reflection is characterised by telling stories to each other

about experiences (reminding and evaluating) instead of thinking individually and in-depth about one's own acting (analysing and reflecting). This argues for a reinterpretation of the role and manner of reflection as is also suggested by van Woerkom (2010). As it is also not completely clear that reflection leads to better choices, increasing motivation for learning or clearer work identity (Luken, 2010), we argue that the assumption that explicitness and consciousness raising are required for learning (in organisations) should be challenged. This position contrasts starkly with that taken by others (e.g. Marsick & Watkins, 2001; Realin, 2001; Simons & Ruijters, 2004), who consider cognition and reflection paramount for learning and who emphasise the benefits of explicating implicit learning. Recent insights in brain research and psychology, however, show that reflection may even be counterproductive, as it can foster worry and perhaps increase the risk of depression (Luken, 2010). Research by Dijksterhuis (2008) shows that a focus on cognition within learning and decision making could lead to poor choices as it leads a person further away from their feelings. According to him, the unconscious thinking mode has a much higher capacity for information processing than the conscious mode (Dijksterhuis, 2008). This position is congruent with that of Hodgkinson, Sadler-Smith, Burke, Claxton, and Sparrow (2009) and Sadler-Smith (2008) who value unconscious processes such as intuition for (collective) learning and decision making in organisations.

A more encompassing view of learning

We are aware that our findings are based on a single case within a specific setting and thus not capable of being generalised. Furthermore, our analysis will have been affected by our own beliefs and the experiences gained during the project. Because these experiences were powerful in causing shifts away from our initially held assumptions, we may have unconsciously used language and sought evidence to establish and confirm our shifting understandings and values. Nevertheless, we believe that the findings could be complementary to the discussion on learning within the context of work. They give reason to re-think the value placed on reflection and explicit and deliberate learning, and to interpret work-related learning in such dynamic settings more widely than is commonly expressed. Hence we argue for an approach to learning that takes the hands-on, embodied, pragmatic and dynamic acting of practitioners in its own right. A view that moreover acknowledges that learning is holistic and responsive, and a 'by-product' gained in passing while working to improve practice. This type of learning is more in line with a practice-based view (Gold et al., 2007; Marshall, 2008) or a non-educational perspective (Doornbos et al., 2004) on professional development. It has strong similarities with the relationally responsive orientation as explained by Cunliffe (2008) and the embodied 'inter-learning' as described by Küpers (2008),

who also state that the complexity of work-related learning is oversimplified and explain the on-going embodied, responsive and interrelated nature of learning. As previously stated, although these alternative views of learning are present in the literature, the dominant discourse is centred on a social constructivism approach to work-related learning. There seems little room in this view for a wider interpretation of learning although we feel it inadequately reflects the complexity of work-related learning. To broaden the discussion and develop alternative understandings, it may therefore be useful to approach learning from a different paradigm instead of refining or expanding the existing worldview. Another paradigm presents a different perspective on reality, revealing or accentuating different aspects of learning, and offers an alternative language in which to express the process of learning.

We believe that an alternative worldview for this more encompassing learning perspective could be grounded in enactivism (Varela et al., 1991); a view that partially draws from evolutionary biology, and complexity theory. Enactivism acknowledges that learning is grounded in activity and provides an opening for both implicit and non-intentional learning and explicit and intentional learning processes. Being at once bodily, cognitively and experientially engaged in the world by moving, acting and participating in it, people enact a world. To enact a world or practice means that practitioners shape their practice and at the same time are influenced by it (Snoeren, Niessen & Abma, 2012; Sumara & Davis, 1997), as we saw in our case when the practitioner experienced the residents' changed behaviour. Learning from an enactivist perspective is therefore inherently interdependent and socially informed and is not so much a process in which one explicitly accumulates knowledge, rather it is a recursive process in which one adapts and expands one's space for possible action. Learners continually and actively re-orientate and rearrange their mental and their bodily and experiential structures to maintain these in relation to their world. As they do so, they create new possibilities for understanding and acting that emerge out of their situation specific actions.

Learning is thus the result of minor and major perturbations in situations caused by actions that lead to disequilibria within us and between us, which we deal with on the fly. Varela (1999) calls this 'immediate coping', which he considers a meta level of understanding that transcends logical analysis. Within enacted, immediate coping people move continuously from one 'readiness-in-action' to another (Varela, 1999). Mostly this is imperceptible. It has similarities with tacit knowledge (Polanyi, 1966), but differs in the sense that Varela (1999) emphasises less that people have prior knowledge which is activated or applied in a situation since knowledge arises through the co-emergence of the person and the setting.

The movement from one situation to another can sometimes be overwhelming, for example when people do not feel they are on top of the situation. Having no suitable response readily available, feelings of discomfort, puzzlement or chaos can occur. It is only at these moments that people become reflective, consciously deliberate and analyse the situation (Varela, 1999). In our case, this happened when participants experienced difficulties in encouraging other staff members to undertake activities with residents. By telling stories and using dialogue they reflected on the situation and became mindful (Langer, 1997) of the situation. In this way enactment and embodied ways of knowing can bring forth more purposeful, articulate and explicit learning, or in Varela's words: "immediacy precedes deliberation" (Varela, 1999, p. 33).

Implications

Approaching and understanding learning as an embodied, implicit and co-emerging phenomenon has implications for learning facilitators, managers and researchers. Given the complex nature of practice, it takes for instance confidence and trust for learning facilitators and managers to value the happenstance character by which people learn. This suggests that they should not have the ambition to completely organise and manage learning processes. Besides focusing on the content of learning and explicit learning outcomes, one should be mindful of unanticipated directions and possibilities for action to exploit and facilitate these.

Such opportunities for embodied and serendipitous learning could be encouraged by creating a challenging and changing work context, possibly achieved through job rotation. Working together side-by-side with (experienced) others in daily activities is helpful since these persons are able to function as role models and coaches in an experienced and non-verbal manner providing and living examples of best practice. On the contrary, a more encompassing and time-consuming project such as presented in this article puts the focus on meta cognitive abilities and processes and does not align easily with the abrupt dynamics of practice and learning in the midst of activity. Therefore rapid cycle improvement (Plsek, 1999) in which the action plan will not be fully developed before implementation but in which interventions will be immediately tested on a smaller scale would be more appropriate.

For the same reason, multiple forms of reflection that highlight an embodied and co-emerging practice should be promoted and integrated. Being mindful (and thus embodied) in the situation enables 'knowing in action' and 'in-the-moment' response (Keevers & Treleaven, 2011). It encourages mindful open-ended reflection (Varela et al., 1991, p. 27): reflection being a form of experience itself that takes into account the metacognitive ability to sense one own senses while being engaged in the moment, enabling "openness to possibilities other than those

contained in one's current representations of the life space". In addition collective, contextualised and future-orientated reflection, such as productive reflection (Boud, Cressey & Docherty, 2006), is useful especially in problem or unusual situations. Active work forms like drama and creative imagination might be useful in these reflection activities. They encourage the use of all senses and different forms of knowledge, which could lead to new insights (Higgs, 2007) and can strengthen cooperation (Stuckey, 2009; Titchen, 2009).

Finally, alternative perspectives or views on evaluating and assessing learning within a work context are required (Niessen, Abma, Widdershoven & Van der Vleuten, 2009). Küpers (2008) presents an integral framework and cycle of learning that might be appropriate for developing and evaluating learning within the context of work. Pridham, O'Mallon, and Prain (2012) also suggest a framework that could be useful in this respect. Furthermore qualitative approaches for studying and measuring learning, such as participant observation, storytelling or creative expression could be suitable. Multi-source feedback (Bracken, Timmreck & Church, 2001) could also be helpful in measuring and explicating enacted and embodied learning. Besides asking the learner, peers and clients to identify learning outcomes, experts could relate and compare the learner's being and enactment to their own knowledge and expertise and that of others.

Conclusion

This study examines common assumptions concerning work-related learning and questions the value placed on reflection and explicit and deliberate learning. It shows that learning in organisations is characterised by a combination of embodied and implicit approaches as well as cognitive and explicit approaches to learning like social constructivism. These perspectives on learning are closely interrelated and mutually reinforcing. How this relationship manifests itself and which approach is dominant will vary according to context or practice, but both forms of learning will be present.

The findings confirm and complement earlier critiques that cognitive and social constructivist approaches of work-related learning inadequately reflect the complexity of learning in and through work. Furthermore, the case described gives a concrete example of how learning may emerge while working and doing with which readers could identify themselves. This practical focus is complementary to the generally more theoretical and philosophical critiques and may encourage a more critical attitude towards own values and assumptions concerning learning then abstract contributions do.

Finally, our case may encourage further discussion on learning in organisations as it suggests another philosophical baseline for approaching learning in

organisations. This enactivist position encompasses existing approaches to learning, but provides a different view of reality and an alternative language through which different aspects of learning will be revealed and accentuated. Enactivism could therefore encourage a broader view of work-related learning and may be useful not only in care for the elderly but also in other professions where rapid decisions are made within the practice encounter itself.

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